SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse

so that we can return the card to you.

Ott

Ø Agent ≥√PAddresse

C. Date of Delivery

FILED MAY 16 2008 on

MICHAEL W. DUBBINS CLERK, U.S. DISTRICT, COURT

08 cv 2110

COMPLETE THIS SECTION ON DELIVERY

oron	the front if space permits.	Janksh/	<u> </u>
1. Article	Addressed to: 08-0V-2110	D. is delivery address direct momittee If YES, enter delivery address below	No.
i	<u> </u>	MAY 1 6 2008	
:	Ms. Pam Robinson US District Court	MICHAEL W. DOBBINS  OLERK H.S. DISTRICT COURT  3. Service Type  Certified Mell	
:	151 US Courthouse 600 East Monroe Street Springfield, IL 62701		
·		4. Restricted Delivery? (Extre Fee)	□ Yee
2. Article i (Transfe	Number 7006 215 or from service label)	0 0005 2036 0319	
PS Form	3811, February 2004 Domestic F	leturn Receipt	102505-02-M-1540
D	ES POSTAL SERVICE  8-00-210  nder: Please print your name, addr		s Paid
	MICHAEL V	V. DOBBINS	
REC		ISTRICT COURT BORN STREET LINOIS 60604	
YAM	1 5 2008		
MICHA ERERE, U	ELW BOSBINS S. DISTRIGITATION IN THE STATE OF THE STATE O	aldkadladshladadl	